Autism Wessex

Autism Wessex - Higher Ground

Inspection report

Higher Ground
Marston Road
Sherborne
Dorset
DT9 4BJ

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26 May 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 26 May 2017 and was unannounced. This was the first inspection of the service since its change of registration with the Care Quality Commission in April 2016.

Autism Wessex High Ground is situated in the market town of Sherborne, and is close to the town's shops and leisure facilities. Accommodation is a split levelled house arranged over two floors with stairs giving access to each floor. The home can accommodate up to four people and it provides support to people who have autism. At the time of the inspection there were four people living there, all who had learning disabilities and autism.

People were not able to tell us about their experiences of life at the home so we therefore used our observations of care and our discussions with staff and relatives and information received prior to the inspection to help form our judgements.

There was a newly appointed manager in post, who had applied to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by a caring staff team who knew them well. Staff morale was good and there was a happy and relaxed atmosphere in the home. One member of staff said, "People are so much happier since moving here last year".

Recruitment checks were robust and there were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training was appropriate to people's roles and staff were suitably skilled. Staff were supported though supervision and appraisals

There were enough staff deployed to help keep people safe, each person received one to one staffing. People were supported to live the life they chose with reduced risks to themselves or others. There was an emphasis on supporting people to develop and maintain independent living skills in a safe way.

There were policies and procedures which helped to reduce the risks of harm or abuse to the people who lived at the home. These were understood and followed by staff. These included recognising and reporting abuse, the management of people's finances, staff recruitment and the management of people's medicines.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their needs and individual wishes. Behaviour support plans and communication profiles were also used to ensure staff were able to understand and support people's individual needs.

Staff encouraged people to be as independent as they could be. Staff saw their role as supportive and caring but were keen not to disempower people.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely. Health professionals were routinely involved in supporting people with their health and wellbeing.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

People accessed various activities in the local community. People were supported to maintain contact with the important people in their lives. A relative told us, "The staff are very responsive and always bring [person's name] home when we want to see him."

There was a complaints procedure in place. Complaints had been dealt with in line with the service policy. Audits were carried out to monitor all aspects of the service and action plans developed which highlighted areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People received their medicines when they needed them and these were managed and administered by staff who were competent to do so.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and be as independent as they could be.

There were sufficient numbers of suitable staff to help keep people safe and meet their individual needs.

Is the service effective?

Good

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Good

The service was responsive

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected their current needs.

People were supported to follow their interests and take part in social activities.

Is the service well-led?

Good

The service was well-led

The manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

Autism Wessex - Higher Ground

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 May 2017 and was unannounced inspection. It was carried out by one adult social care inspector. This was the first inspection of the service since it's registration with the Care Quality Commission in April 2016 following relocation.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were four people living at the home. We were able to meet with all four people. We spoke with four members of staff, the manager and deputy manager. Following the inspection we spoke with two relatives on the telephone.

We looked at documentation relating to four people who used the service, which included care plans and behaviour support plans. Four staff recruitment files and training records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People were well treated and appeared relaxed and at ease with the staff supporting them. People's relatives told us the service provided a safe and secure home for their relative. One relative said, "We know he is safe and happy, never minds going back after a visit."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff told us they worked on a 1:1 basis with people, and they normally had the support of a floating member of staff. Rotas reflected people were allocated 1:1 support for their individual activities. Increased staff support of 2:1 when required for community activities was evidenced on the rotas. The manager told us, "We have lost some long term members of staff due to our change of location. We always try to have the correct staff and a floating member of staff are on duty. We always ensure we use the same agency staff for consistency". One agency worker confirmed they had worked for the service on many occasions and knew people and their routines well. Each member of agency staff had a staffing file with an up to date profile. This meant people were consistently supported by staff they knew and trusted.

The provider had a recruitment procedure for new staff. Before staff were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

There were policies and procedures to protect people from the risks of financial abuse. There were detailed records of all financial transactions and these were supported with receipts and staff signatures. Balances were checked daily by the shift leader. The deputy manager told us, "The balance and receipts are checked at the end of each shift. I complete weekly audits, which are then added to our monthly manager's audits. We randomly checked two finance records and saw the receipts matched the financial recording sheets and checks had taken place.

Care plans contained risks assessments which outlined measures in place to enable people to maintain their independence with minimum risk to themselves and others. For example accessing the community. Clear protocols were in place for staff to follow whilst supporting people in the community. Staff were able to clearly demonstrate full understanding of their responsibilities whilst supporting the people. For example staff were seen taking a mobile phone and telling other staff where they were going and what time they planned to return. This meant that risks were minimised and actions taken to help keep people safe. Staff told us they felt safe whilst supporting people within their local community, and could always ring for support if they needed to. One member of staff said, "People have more opportunities to go into the community since we moved here. We have clear guidelines to follow whilst out. We always know where people have gone and the time they are due back." Another member of staff told us, "We know how to follow safeguarding procedures; they [management] are very hot on that".

Behaviour plans were in place which identified risks, triggers and cues to people's behaviours. The manager told us strategies and risk assessments were updated on a regular basis. One member of staff told us, "We are a good team and all know how important it is to follow the behaviour care plans, we record every time there is an incident and then look to see what was happening before during and after to see if we did everything right. We tell the deputy every time, there is an open door policy and they are always supportive".

Accidents and incidents were monitored and analysed. Action was taken if concerns were identified. The manager told us, "We always see the accident and incident forms so we know what is happening, they also form part of our management audits". Action was taken to reduce risk, for example where people were deemed to need additional support, measures had been put in place to reduce risks.

People received medicines safely from staff who had been trained and assessed as competent to administer medicines. The staff we spoke to who administered medicines confirmed they had received training and their competency to do this task was assessed. One member of staff told us, "I have done my medicine training but have not been assessed yet, so I still can't administer medicines." People were given their medicines in a safe, considerate and respectful way. Medicine administration records (MAR) were accurate and up to date. Each person had a lockable secure cabinet either in their bedroom or in the staff office in which their medicines were kept. If staff were supporting people off site we saw medication was signed out. PRN Medication was held for some people who required support of a specific medicine if they became upset. It was noted the medication was only occasionally used. This meant people were being supported to use other methods to remain safe and calm.

There were plans in place for emergency situations. The deputy manager told us they always had the support of a sister home in the event of an emergency. Staff had access to an on-call management support, which meant they were able to obtain extra support to help manage emergencies. The manager told us personal evacuation plans (PEEPS) were not currently in place, but planned to ensure they were all in place following the inspection.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One relative told us, "The staff are very helpful and know how to support [person's name] so well".

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people effectively, which included opportunities to shadow more experienced staff. The manager told us new staff remained on probation for the first year of their employment, to ensure the correct competency skills had been achieved. Staff confirmed they had completed an induction programme linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training to new care workers.

Staff received the training they needed to meet people's specific needs. Training was completed by E learning modules, external and face to face training sessions. The training matrix identified training was being completed. The provider told us in their PIR, "All training is refreshed and monitored by the training department. If an individual member of staff is identified as requiring further training or refresher training earlier than the due date this will be requested and documented during monthly Supervisions". Training certificates in staff files confirmed the training staff had undertaken, which included safeguarding of vulnerable adults, autism, manual handling, infection control and the Mental Capacity Act 2005 (MCA). Staff were positive about training opportunities, and told us they had opportunities to develop skills in supporting people's specific needs. One member of staff told us, "I have learnt so much, I now know how to communicate effectively with people, to make sure they understand and are getting the right choices". Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles.

Staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal. Staff confirmed and records showed staff received comprehensive supervisions on a monthly basis, had annual appraisals and attended monthly team meetings.

People were supported by staff who had received training and had a good understanding of the principles of the Mental Capacity Act 2005. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. Where decisions were being taken in the person's best interests these were clearly recorded. Records showed people's ability to consent to specific things had been assessed. Where people lacked capacity to consent, best interest decision meeting were held. Staff were aware of their responsibilities. One member of staff told us, "People can make some decisions, but may need support to keep them safe in other areas. We always ask if it is ok to help them with any tasks". This meant staff knew the procedures to follow to make sure people's legal and human rights were protected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people

make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Best interest's decisions had been made regarding the level of support people needed in the management of people's medicines and routine well-being health checks. Although relatives we spoke with informed us they had been involved in the decision making process, records only held the signature of the previous registered manager. We discussed this with the manager who told us "We ensure the person's family or legal representative are aware of the best interest decisions being made, but recognise we need to ensure they sign to say they have been involved. We will ensure this happens in all future decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw legislation had been followed,where people were restricted due to their disabilities, for example if they were unable to go out without the support of staff.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition, staff sought support from professionals such as GP's and speech and language therapists. For example people took turns to choose the evening meal shop for the produce and then cook the meal. Staff used menu cards, showing different choices of food. One person was following a specific diet following a referral to Speech and Language Therapist. An eating and drinking plan has been implemented. These requirements are taken in to account when planning meals. There were different dining areas in the home that gave people choice on who they ate with or where they sat. Although people were unable to tell us what their experience was like in regards food, we saw people enjoying their lunch.

People had access to health care professionals to meet specific needs. Records showed that people were seen by health care professionals in response to changing needs and management of existing conditions. Following the transition to their new home all people had been registered with local health professionals.

Good

Is the service caring?

Our findings

People received a caring service. Staff interactions were warm, and respectful, one member of staff told us, "I really like working with the guys here". A relative told us, "The staff are very kind and caring, never seen anything different".

Staff encouraged people to be as independent as they could be. Staff saw their role as supportive and caring but were keen not to disempower people. The manager told us, "We try to empower people to reach their full potential. For example people seem to be more empowered living here, they are interacting much better than they had done in the previous home. It's really positive to see". They gave examples of people no longer remaining in their rooms, but moving freely around the home and gardens.

People received care and support from staff who had the knowledge and skills to support them. Staff were visible and attentive towards people they were supporting, noticing when those who could not verbally ask for assistance required help. They responded kindly and compassionately to people, they used objects of reference or signs to ensure they knew what was being requested. One member of staff told us, "Since we moved here there have been so much more opportunities for people to get out and about. We can just ask people if they would like to go for a walk, it's much better".

Each person had their own bedroom which they could access whenever they wanted. Bedrooms were decorated and furnished in accordance with each person's tastes and preferences. One person who was unable to keep curtains up in their room had integrated blinds fitted, the deputy manager told us, "This is so much better and ensures privacy and dignity is maintained ".People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. The layout of the home meant that there were ample communal areas where people could chose to spend their time.

Staff knew people very well. They told us about the people they supported, what was important to them, and who the important people in their lives were. This meant staff could have conversations with people about things that were important to them and about their interests. Relatives told us they thought the staff knew their family members well, one relative told us, "The staff are like family to us."

Each person had a personal profile which detailed individual goals and how best to support the person. We saw people were supported with shopping, cooking, cleaning and banking. The care plans we read demonstrated people were supported by staff to achieve their goals. For example, one person had been supported to wash their hair independently for the first time. The manager told us, "We don't fit people into boxes, and try to ensure people are allowed to take reasonable risks". Keyworkers were responsible for ensuring the plans were reviewed on a monthly basis.

People had been supported to move into their new home in a structured person centred way. For example, staff ensured the transition was as person centred as possible. The deputy manager told us, "It was important due to people's autism that routines were kept as much as we could". People's rooms were replicated to ensure when people moved in all their belongings were in their rooms.

People had personal profiles, which told their own personal stories, likes dislikes and history. Daily records showed how people had been engaged and how they were feeling, if their mood was low, high, happy or sad. Objects of reference were used to communicate with people along with communication passports. All staff are trained in preferred communication tools. Easy read signs and symbols were seen around the home. For example communication boards telling people the sequence of events for their particular day. People had 'Circles of Support' involvement. The deputy manager told us, The circle of support is a group of professionals, family, friends and experienced staff members that ensures the person is receiving the correct support and all their care records are up to date to reflect their needs are being met. They told us, "The circle of support for each person differs depending on the needs of each individual". .

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

Good

Is the service responsive?

Our findings

People received care and support which was responsive to their needs and respected their individuality. One relative told us, "They [staff] really worked hard to make sure the move to the new home went well".

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans [individual support plans] were devised to ensure staff had information about how people wanted their care needs to be met.

Each person had an individual support [ISP] plan for every aspect of their lives including their communication, behaviour and physical health. These gave staff specific information about how people's needs were to be met. People required one to one support to keep them safe; staff demonstrated full awareness of how to support the person. One member of staff told us, " I am keyworker to [person's name] I make sure their ISP is up to date, the important dates in theirs and their families lives are not missed, like birthday cards, health appointments. It's all about what's important to them." Where it was appropriate relatives told us they were kept informed of changes and their in-put was welcomed and valued.

People had recently been supported to move from one of the provider's home to their new location at Higher Ground. The provider told us in their PIR, "Service users at Higher Ground recently re located from an existing property within Autism Wessex. During the transition process all individual service plans and risk assessments were updated to reflect changes to the environment and to continue to meet the needs of the service users. Existing staff team also transitioned to the new home. Transition between health authorities was managed to reduce any impact on service users. All service users were supported to register with a new GP and support of outside health agencies was also implemented". The manager and deputy manager confirmed the transfer had been 'very successful. The deputy manager told us, "It was a complete learning curve for me. It true what they say as long as we kept the important thing the same and made small changes people can deal with change. It lovely to see how people are happy and their independence is growing on a daily basis since moving here."

People were involved in planning activities. Each person had their own programme of activities which was specific for them. The rota showed which staff member would be supporting which individual to their chosen activities. Transport was available to support people to their daily activities. Activities included swimming, shopping, walking, gardening, and cooking. One member of staff told us, "We encourage people to go out as much as possible." They gave an example of purchasing an ice cream maker, once the person had helped to make the ice cream they were asked if they would like to go for a drive for an ice cream in the park.

People were supported to maintain contact with friends and family. One relative told us there is always a dialogue with staff and they feel listened to. One relative told us, "We can't visit like we used to, we just have to ring up and they will arrange a visit home to us". A relative told us they were always made to feel welcome when they visited.

People and their relatives were aware of how to make a complaint or who to complain to if they were unhappy. The manager told us, "My door is always open; we have an open door policy." One relative told us, "I have met the new manager they seem very nice".

There was a complaints procedure which had been produced in an accessible format for the people who lived at the home. There had been no formal complaints in the last year. The relative we met with told us they would not hesitate in raising concerns if they had any. They told us they were confident their concerns would be taken seriously and responded to.

Good

Is the service well-led?

Our findings

There was a new manager in place, who was supported by a deputy manager. The manager was applying to the Care Quality Commission to become the registered manager of the service. There was a staffing structure in the home which provided clear lines of accountability and responsibility. Staff were clear about their roles and the responsibilities which came with that.

There were audits and checks to monitor safety and quality of care. The manager submitted monthly audits to the provider's CEO who then carried out visits to the home to monitor and highlight on any areas for improvement. However there had been no quality assurance visits since December 2016. The manager told us there was currently a recruitment drive for a new CEO following the retirement of the previous one in December 2016. The manager told us although there had been no recent audit visit to the home by the provider they still sent their monthly audits to the providers head office. Staff told us they were unsure of who the senior managers were and had not seen them around the home. The manager and deputy manager told us, although they had not received a face to face visit from the provider, they had regular contact with other managers and regular contact with the human resources department.

The registered manager completed a Provider Information Return (PIR) prior to our inspection and, in this they described the vision for the service, which was to empower and inspire, the deputy manager told us, "We share our vision at interview with new staff and also in regular team meetings which ensures staff are aware of our values and visions". Through our observations and discussions with staff we saw this ethos had been adopted by staff.

Communication systems were in place to support people to make informed choices, the manager told us, "We have an open door policy, staff are able to speak with me or my deputy at any time. Staff confirmed there was an open door policy, one member of staff told us, "I don't know the new manager very well yet but I am looking forward to being managed by him. The deputy manager is very good and always helps out, if we need extra support on shift we just have to ask and they come in and support us". The manager told us currently they were working half of their week at another of the provider's home but there was always management support at the service. They informed us they had only recently been appointed the new registered manager so therefore were working their notice at the providers other service. The manager told us the deputy was available, including on call management support to staff.

The new manager and deputy manager told us they shared the same vision on empowering people to do the best they can. They said, "We want to be good role models, and make sure people living here are given the best opportunities to develop to their full potential. We don't want to make goals for goals sake. The goals people set have to be meaningful". The manager said. We also need to ensure we manage a service to meet individual needs, we will invest in our staff team to ensure it happens".

There were regular meetings for staff where a range of topics were discussed. A member of staff told us, "We have regular staff meetings and supervisions". The minutes of the last staff meeting held in April 2017, showed discussions had been held around staff being consistent in their recording of records, and to

remember to ensure people who required a high calorie diet were given food little and often, to ensure their dietary needs continued to be met.

There were quality assurance systems in place which enabled the manager and deputy manager to identify and address shortfalls. These included audits and checks on medicines management, care records and accidents and incidents and behaviour records. Where incidents had occurred, for example behaviour issues, these were seen to have been recorded and trends to behaviours analysed by professionals and the provider. The manager told us, "We monitor behaviour records, triggers, incidents and outcomes. We discuss incident at staff meetings, and supervisions to ensure our approach is in line with the care records". One member of staff told us, "We record all the time if there are any incidents, and discuss with the manager and as a team. I feel very confident and supported to support people when they are upset".

In the providers statement of purpose the provider stated, "At Higher Ground we place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the care we provide encouraging our residents to exercise their rights to the full".

The provider knew and understood the requirements for notifying us of all incidents of concern and safeguarding alerts as is required within the law and we saw that these had been reported appropriately. The submission of notifications enables us to monitor any trends or concerns within the service. They also displayed their previous CQC performance ratings in line with legal requirements.